



Rash Illness with Fever

Disease:

LHJ Use ID _____

By: ☐ Lab ☐ Clinical

☐ Epi Link: _____

County

REPORT SOURCE

LHJ notification date ____/____/____

Reporter (check all that apply)

☐ Lab ☐ Hospital ☐ HCP

☐ Public health agency ☐ Other

OK to talk to case? ☐ Yes ☐ No ☐ Don't know

Investigation
start date:
____/____/____

Reporter name _____

Reporter phone _____

Primary HCP name _____

Primary HCP phone _____

PATIENT INFORMATION

Name (last, first) _____

Address _____ ☐ Homeless

City/State/Zip _____

Phone(s)/Email _____

Alt. contact ☐ Parent/guardian ☐ Spouse ☐ Other Name: _____

Zip code (school or occupation): _____ Phone: _____

Occupation/grade _____

Employer/worksite _____ School/child care name _____

Birth date ____/____/____ Age _____

Gender ☐ F ☐ M ☐ Other ☐ Unk

Ethnicity ☐ Hispanic or Latino ☐ Unk

☐ Not Hispanic or Latino

Race (check all that apply)

☐ Amer Ind/AK Native ☐ Asian

☐ Native HI/other PI ☐ Black/Afr Amer

☐ White ☐ Other ☐ Unk

CLINICAL INFORMATION

Onset date: ____/____/____ ☐ Derived

Diagnosis date: ____/____/____

Illness duration: ____ days

Signs and Symptoms

Y N DK NA

☐ ☐ ☐ ☐ **Rash** Onset date ____/____/____ Duration ____ days
(See back of sheet for rash details)

☐ ☐ ☐ ☐ **Fever** Highest measured temp: ____ °F
Type: ☐ Oral ☐ Rectal ☐ Other: _____ ☐ Unk
Fever onset date: ____/____/____ Duration ____ days

☐ ☐ ☐ ☐ Conjunctivitis Onset date ____/____/____

☐ ☐ ☐ ☐ Breathing difficulty or shortness of breath
Onset date ____/____/____

☐ ☐ ☐ ☐ Cough Cough onset date ____/____/____

☐ ☐ ☐ ☐ Runny nose (coryza) Onset date ____/____/____

☐ ☐ ☐ ☐ Sore throat Onset date ____/____/____

☐ ☐ ☐ ☐ Swollen lymph nodes Onset date ____/____/____

☐ ☐ ☐ ☐ Headache Onset date ____/____/____

☐ ☐ ☐ ☐ Muscle aches or pain (myalgia)
Onset date ____/____/____

Predisposing Factors

Y N DK NA

☐ ☐ ☐ ☐ Allergies Specify: _____

☐ ☐ ☐ ☐ Any medication Specify: _____
Start/change date(s): _____

☐ ☐ ☐ ☐ Any recent vaccinations Specify: _____

☐ ☐ ☐ ☐ Current chickenpox (varicella) infection

☐ ☐ ☐ ☐ Immunosuppressive therapy or disease

Clinical Findings

Y N DK NA

☐ ☐ ☐ ☐ Altered mental status

☐ ☐ ☐ ☐ Complications, specify: _____

☐ ☐ ☐ ☐ Gastrointestinal symptoms

☐ ☐ ☐ ☐ Mechanical ventilation or intubation required

☐ ☐ ☐ ☐ Photophobia

Y N DK NA

☐ ☐ ☐ ☐ **Rash observed by health care provider**

Rash distribution: _____

☐ Generalized ☐ Localized ☐ On palms and soles

☐ Petechial ☐ Macular ☐ Papular

☐ Pustular ☐ Vesicular ☐ Bullous

☐ Other: _____ (See back of sheet for rash details)

☐ ☐ ☐ ☐ Regional lymphadenitis

☐ ☐ ☐ ☐ Respiratory infection

☐ Upper ☐ Lower ☐ Both ☐ Unknown

☐ ☐ ☐ ☐ Koplik spots

☐ ☐ ☐ ☐ Admitted to intensive care unit

Hospitalization

Y N DK NA

☐ ☐ ☐ ☐ Hospitalized for this illness

Hospital name _____

Admit date ____/____/____ Discharge date ____/____/____

Y N DK NA

☐ ☐ ☐ ☐ Died from illness Death date ____/____/____

☐ ☐ ☐ ☐ Autopsy Place of death _____

Vaccination

Y N DK NA

☐ ☐ ☐ ☐ Measles or rubella vaccine received Total #: _____

Dose 1 Type: _____ Date received: ____/____/____

Dose 2 Type: _____ Date received: ____/____/____

☐ ☐ ☐ ☐ Varicella vaccine received Total # received: _____

Dose 1 Type: _____ Date received: ____/____/____

Dose 2 Type: _____ Date received: ____/____/____

Laboratory

Specimen type _____

Collection date ____/____/____

Specimen type _____

Collection date ____/____/____

EXPOSURES

Y N DK NA

☐ ☐ ☐ ☐ Travel out of the state, out of the country, or outside of usual routine
 Out of: ☐ County ☐ State ☐ Country
 Dates/Locations: _____

☐ ☐ ☐ ☐ Any contact with animals at home or elsewhere
☐ ☐ ☐ ☐ Any recent changes to personal products (e.g. shampoo, moisturizer, laundry detergent)
 Specify: _____

☐ ☐ ☐ ☐ Attended social gatherings or crowded setting
☐ ☐ ☐ ☐ Congregate living
☐ Barracks ☐ Corrections ☐ Long term care
☐ Dormitory ☐ Boarding school ☐ Camp
☐ Shelter ☐ Other: _____

☐ ☐ ☐ ☐ Contact with persons recently vaccinated for smallpox or varicella

Y N DK NA

☐ ☐ ☐ ☐ Contact with recent foreign arrival
☐ Casual ☐ Household ☐ Sexual
☐ Needle use ☐ Other: _____
 Specify country: _____

☐ ☐ ☐ ☐ Case knows anyone with similar symptoms
☐ ☐ ☐ ☐ Human saliva (e.g. water bottle, cigarettes, lipstick, eating utensils)

☐ ☐ ☐ ☐ If infant, birth mother had febrile illness

☐ ☐ ☐ ☐ Insect or tick bite
☐ Deer fly ☐ Flea ☐ Mosquito ☐ Tick
☐ Louse ☐ Other: _____ ☐ Unk
 Location of insect or tick exposure
☐ WA county ☐ Other state ☐ Other country
☐ Multiple exposures ☐ Unk
 Date of exposure: ____/____/____

☐ ☐ ☐ ☐ Outdoor or recreational activities (e.g. lawn mowing, gardening, hunting, hiking, camping, sports, yard work)

☐ ☐ ☐ ☐ Recreational water exposure (e.g. lakes, rivers, pools, wading pools, fountains)

Where did exposure probably occur? ☐ In WA (County: _____) ☐ US but not WA ☐ Not in US ☐ Unk

Exposure details: _____

☐ No risk factors or exposures could be identified

☐ Patient could not be interviewed

PUBLIC HEALTH ISSUES

Y N DK NA

☐ ☐ ☐ ☐ Attends child care or preschool
☐ ☐ ☐ ☐ Employed as health care worker
☐ ☐ ☐ ☐ Employed in child care or preschool
☐ ☐ ☐ ☐ Household member or close contact in sensitive occupation or setting (HCW, child care, food)
☐ ☐ ☐ ☐ Potential bioterrorism exposure

PUBLIC HEALTH ACTIONS**NOTES****RASH DESCRIPTION (location, progression, etc.)**

Where did it first appear? _____
 Where did it spread? _____
 Where was it most intense? _____
 What does the rash look like?
 Flat spots__ Raised spots__ Both__
 Blisters/Pustules__ Blotchy__ Color__
 When pressure applied, does rash fade and then return when pressure is removed? Yes__ No__
 Is the skin peeling? Yes__ No__
 Does the rash itch? Yes__ No__

**RASH NOTES:**

Investigator _____ Phone/email: _____

Investigation complete date ____/____/____

Local health jurisdiction _____

Record complete date ____/____/____